

## State of Washington

Application for a Water Right - 3 2000

Fo	r Ecole	ogy U	se	
Fee	Paid	<i>25 //</i>	9.0	0
Date	5-	3 -	-00	

Please follow the attached instructions to avoid unnecessary delays.

18 690 16h01 low Will Talls	EASTERN REGIONAL OFFICE
Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM
Name VANBATAVIA STEVENA	Home Tel: (509 ) 266 - 4453
2-20	Work Tel: (509) \$531 - 0870 cell
City PASCO State WA Zip+4 993	301 + FAX: (509) 266 - 4934
	ia 266 4369 or 539-8150
Section 2. CONTACT - PERSON TO CALL	
VAN RYN INVESTMENTS	
Arie Van Ryn, Authorized Representative 14487 Schleisman Road	Home Tel: ()
Corona, CA 92880	Work Tel: ()
Phone: (951) 202-2661	+ FAX: ()
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than	250 (Agallons per minute) or
of DAIRY FARM & Livestoc	ground water source (check only one) for the purpose(s)
DESCRIPTION OF THE PLACE OF USE. (See instructi	ons.) NOTE: A tax parcel number or a plat number is not
sufficient. Continuous dairy farm and liv	estock use)
Estimate a maximum annual quantity to be used in acre-foot	per year: 200 acre reel mar
☐ Check if the water use is proposed for a short-term pro	ject. Indicate the period of time that the water will be needed:
하는 사람이 얼마나 마쁘게 하게 하는 사람이 하는 것이 되었다. 그는 이 이번 없으면 다	r 1. 5 P
From/ to/	
Section 4. WATER SOURCE	
	If GROUNDWATER
Section 4. WATER SOURCE  If SURFACE WATER  Name the water source and indicate if stream, spring,	If GROUNDWATER  A permit is desired for well(s).
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ECY 040-1-14 Rev. 7/97 \* \* f APPLICATION

Appl. No.: 5 330295

PP194

inc.	TUTIES A COMPLETE COM	
A.	Name of system, if named:	
B.	Briefly describe your proposed water system. (See instructions.)	00
d	Two simple ground wells with variable speed drive pumps to supportable speed drive pumps to supportable water and wash water airy potable unter only ( we reuse ater for any flush water) fumps will be to ater for any flush water)	soly
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	
-00000000000000000000000000000000000000	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)	
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreation	nal, etc.)
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system.  Note: Regional water systems are identified County Health Department.	□ NO d by your
Con	nplete C. and D. only if the proposed water system will have fifteen or more connec	ctions.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of you	□ NO ar plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of you	
**************	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)	
A.	Total number of acres to be irrigated:	
B.	List total number of acres for other specified agricultural uses:	
	Use Acres	
	Use Acres	
	Use Acres	
C.	Total number of acres to be covered by this application:	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).	
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no.:</li></ol>	□ NO
E.	Farm uses: Stockwater - Total # of animals 2000 includes babies  Stockwater - Total # of animals 2000 includes babies  Animal Type Holstein (If dairy cattle, see b Dairy - # Milking 850 # Non-milking 150	elow)

## section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

3550 DOGWOOD RD\_ Addivess

from Hwy 395 go west on Sagemoor to Alade Rd... go north on Glade to Dogwood... go west on Dogwood 11/2 miles to our driveway turn Section 10. REQUIRED MAP right on driveway go north Kmile.

Attach a map of the project. (See instructions.) Project already exists attached is the existing permit

## Section 11. PROPERTY OWNERSHIP

XYES □ NO A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es)

of the owner(s):

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

We are returning your application for the following re  Examination fee was not enclosed	eason(s):	APPLICANT PLEASE
Examination fee was not enclosed		RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN TO THE
incomplete		APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested of	ahove and return your	application by
(date).	acore and revail to your	<u></u>
. CC	D :	
cology staff	Date	
cology is an Equal Opportunity and Affirmative Acti	ion employer.	
to receive this document in alternative format, contact (360) 407-6006 (TDD).	t the Water Resources	Program at (360) 407-6604 (V

**APPLICATION** 

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.